STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 23, 2007

GENERAL LETTER NO. 1-E-AP-10

ISSUED BY: Appeals Section

SUBJECT: Employees' Manual, Title 1, Chapter E, ***APPEALS AND HEARINGS APPENDIX***, Title page, revised; Contents (page 1), revised; pages 1 through 5, revised; and the following forms:

470-0487	*Appeal and Request for Hearing*, revised
470-0487(S)	*Appeal and Request for Hearing (Spanish)*, new
470-0492	*Request for Withdrawal of Appeal*, revised
470-0492(S)	*Request for Withdrawal of Appeal (Spanish)*, new
RC-0038	*Worker's Guide to the Appeals Process*, unchanged

Summary

This chapter is revised to:

- Update form 470-0487, *Appeal and Request for Hearing*, as it has been simplified and reformatted so it is easier to understand. Additional questions have been added to acquire information about what language a person reads and speaks if the person requests an interpreter for the hearing.
- Add a Spanish version of the *Appeal and Request for Hearing*, form 470-0487(S), which can be printed from the on-line manual.
- Revise the instructions for use of the *Appeal and Request for Hearing*.
- Update form 470-0492, *Request for Withdrawal of Appeal*, as it has been simplified and reformatted so it is easier to understand.
- Add a Spanish version of the *Request for Withdrawal of Appeal*, form 470-0492(S), which can be printed from the on-line manual.

Effective Date

Upon receipt.

Material Superseded

Remove the entire Chapter E Appendix from Employees' Manual, Title 1, and destroy it. This includes the following pages:

Page	Date
Title page	August 12, 1997
Contents (page 1)	May 7, 2002
470-0487	4/02
1-4	May 7, 2002
470-0492	9/00
RC-0038	1/01
5	March 17, 1998

Additional Information

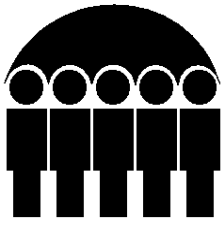
Use up existing supplies of form 470-0487, *Appeal and Request for Hearing*, before reordering from Anamosa in the usual manner.

Use up existing supplies of form 470-0492, *Request for Withdrawal of Appeal*. No further supplies will be printed.

Refer questions about this general letter to your service area manager.

APPEALS AND HEARINGS

APPENDIX



Iowa
Department
of
Human Services

Page

Iowa Department of Human Services

Appeal and Request for Hearing

Fill out the top part of this form. You do not need to fill out the worker information part.

Name: Last	First	Mi
Mailing Address		
City	State	Zip Code
Phone Number ( )	County	

Check the programs you want to appeal.

- ☐ Family Investment Program (FIP), Refugee Cash Assistance (RCA) or PROMISE JOBS
- ☐ Child Care Assistance
- ☐ Food Assistance
- ☐ Medicaid or Waiver
- ☐ Attribution
- ☐ Administrative Hearing (only for attribution appeals)
- ☐ State Supplementary Assistance
- ☐ Child Support
- ☐ Adoption or Foster Care
- ☐ Other (explain): _____

I want my benefits to continue, if they can. ☐ Yes ☐ No You may have to pay them back if you lose your appeal.

I want an interpreter for my hearing. ☐ Yes ☐ No We will provide an interpreter for you.

If yes, what language do you read? _____ What language do you speak? _____

I want a pre-hearing conference. ☐ Yes ☐ No

Tell us why you are appealing. Please be brief.

Your Signature _____ Date _____

If you want someone to help you with your appeal, please write the person's name and address below. This person will get information about your appeal. **You are not required to list someone here.**

Name	Phone Number ( )		
Mailing Address	City	State	Zip Code

Worker Information

Worker Name	Phone Number ( )	
Worker Number	County/Office	Case Number/SID Number

Will benefits continue or did you reinstate benefits because of this appeal? ☐ Yes ☐ No

If not, why? ☐ Application/recertification ☐ Appellant chose **not** to have benefits continue

☐ Appeal not filed before the effective date ☐ Other (explain) _____

If the consumer says they need an interpreter, what language do they need? _____

The adverse action appealed is the result of a:

☐ DDS report ☐ IFMC decision

☐ LBP PJ worker _____ Office _____

☐ Q.C. report QC worker _____ Office _____

☐ DIA investigation Investigator _____ Office _____

Attach a copy of the NOD being appealed. If it isn't attached, explain why: _____

Tell us your vacation and training schedule for the next 3 months. _____

Instructions

Use of this form is not mandatory. Any written appeal is a valid appeal.

Verbal appeals are valid only in the Food Assistance program. The worker receiving the Food Assistance appeal should record verbal appeals on this form. Be sure to indicate that this is a verbal appeal.

If you get a letter stating the consumer wants to appeal, attach the letter to this form. You need to fill in the consumer's information and your information.

If you do not know what the consumer is appealing, you need to indicate what you think the appeal is about. The DHS Appeals Section will ask the consumer for additional information, if necessary. **Do not hold an appeal if you need to get additional information from the consumer.**

On the front of this form, date-stamp all appeals on the date they are received in your office. If you got the appeal in the mail, keep the postmarked envelope and attach it to this form.

Attach a copy of the Notice of Decision that the consumer appealed to this form. Send this to:

Department of Human Services
Appeals Section, 5th Floor
1305 E Walnut St
Des Moines, IA 50319-0114

Send in an appeal summary to the DHS Appeals Section within 10 calendar days of the date the appeal was filed. Do not delay sending in an appeal while you work on your appeal summary.

Send all new appeals to the DHS Appeals Section within one working day of receipt. Be sure to include the Notice of Decision and the postmarked envelope, if applicable. Use local mail if available.

Be sure to indicate your vacation and training schedule for the next 3 months. This will be used when scheduling a hearing.

For more information about appeals, check out the Appeals Section intranet site at http://dhsintranet/appeals/

Iowa Department of Human Services

Appeal and Request for Hearing (Apelación y Solicitud de Audiencia)

Complete la mitad superior de este formulario. No es necesario que llene la sección con los datos del trabajador.

Identificación: Apellidos	Primer Nombre	Segundo nombre
Dirección postal		
Ciudad	Estado	Codigo postal
Número de teléfono ( )	Condado	

Marque los programas a los que desea apelar.

- ☐ Family Investment Program (Inversión familiar, FIP), Refugee Cash Assistance (Asistencia en efectivo para refugiados, RCA) o PROMISE JOBS
- ☐ Child Care Assistance (Asistencia de cuidado infantil)
- ☐ Food Assistance (Asistencia en alimentos)
- ☐ Medicaid o renuncia
- ☐ Atribución
- ☐ Audencia administrativa (solo para apelaciones de atribucion
- ☐ State Supplementary Assistance (Asistencia estatal complementaria)
- ☐ Child Support (Manutención de menores)
- ☐ Adopción o familia sustituta
- ☐ Otro (explicar): _____

Si es posible, deseo que mis beneficios continúen. ☐ Sí ☐ No Si usted pierde esta apelacion, es posible que deba rembolsar el costo de dichos beneficios.

Deseo la asistencia de un intérprete durante la audencia ☐ Sí ☐ No Se le proporcionara la asistencia de un intérprete.

En caso afirmativo, ¿qué idioma lee usted? _____ ¿Qué idioma habla usted? _____

Deseo una conferencia previa a la audiencia. ☐ Sí ☐ No

¿Cuál es el motivo de su apelación? Sea breve.

Firma _____ Fecha _____

Si desea contra con la ayuda de alguna persona durante esta apelación, anote su nombre y dirección en los campos siguientes y esa persona podrá recibir información acerca del proceso. **No es obligación que designe a alguien.**

Nombre	Número de teléfono ( )		
Dirección postal	Ciudad	Estado	Código postal

Worker Information (Información del trabajador)

Worker Name		Phone Number ( )
Worker Number	County/Office	Case Number/SID Number

Will benefits continue or did you reinstate benefits because of this appeal? ☐ Yes ☐ No

If not, why? ☐ Application/recertification ☐ Appellant chose **not** to have benefits continue
☐ Appeal not filed before the effective date ☐ Other (explain) _____

If the consumer says they need an interpreter, what language do they need? _____

The adverse action appealed is the result of a:

- ☐ DDS report ☐ IFMC decision
- ☐ LBP PJ worker _____ Office _____
- ☐ Q.C. report QC worker _____ Office _____
- ☐ DIA investigation Investigator _____ Office _____

Attach a copy of the NOD being appealed. If it isn't attached, explain why: _____

Tell us your vacation and training schedule for the next 3 months. _____

Instructions

Use of this form is not mandatory. Any written appeal is a valid appeal.

Verbal appeals are valid only in the Food Assistance program. The worker receiving the Food Assistance appeal should record verbal appeals on this form. Be sure to indicate that this is a verbal appeal.

If you get a letter stating the consumer wants to appeal, attach the letter to this form. You need to fill in the consumer's information and your information.

If you do not know what the consumer is appealing, you need to indicate what you think the appeal is about. The DHS Appeals Section will ask the consumer for additional information, if necessary. **Do not hold an appeal if you need to get additional information from the consumer.**

On the front of this form, date-stamp all appeals on the date they are received in your office. If you got the appeal in the mail, keep the postmarked envelope and attach it to this form.

Attach a copy of the Notice of Decision that the consumer appealed to this form. Send this to:

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Send in an appeal summary to the DHS Appeals Section within 10 calendar days of the date the appeal was filed. Do not delay sending in an appeal while you work on your appeal summary.

Send all new appeals to the DHS Appeals Section within one working day of receipt. Be sure to include the Notice of Decision and the postmarked envelope, if applicable. Use local mail if available.

Be sure to indicate your vacation and training schedule for the next 3 months. This will be used when scheduling a hearing.

For more information about appeals, check out the Appeals Section intranet site at http://dhsintranet/appeals/

Appeal and Request for Hearing, 470-0487 and 470-0487(S)

Purpose

Form 470-0487 is used to initiate the appeal process and to supply information needed to proceed with an appeal.

Source

Appellants may complete either the English or Spanish version of this form electronically at https://dhssecure.dhs.state.ia.us/forms/. The request will be submitted directly to the Appeals Section to be processed.

Department staff may complete the English version on line using the template in the public state-approved forms folder on Outlook. This form is also printed in pads of 25 three-part sets, which can be ordered from Iowa Prison Industries at Anamosa.

Print supplies of the Spanish version of this form from the on-line manual.

Completion

The form is divided into two parts. The person wishing to appeal (the appellant) or someone acting for the appellant completes the top part to initiate the appeal. The worker should assist in completing this part of the form if the appellant wishes. A worker who receives this form from the appellant completes the worker information section.

An appeal may be requested without completing this form. Any written appeal is valid. A request for a Food Assistance appeal may be expressed verbally or in writing.

If the appellant requests an appeal verbally or in other written form, the worker shall complete the identifying information and attach the appeal request to the form. (The worker information section is not required for appeal requests filed directly with the Appeals Section.)

Distribution

If the form is submitted to the local office, make three copies of the completed form. Distribute them as follows:

- Give a copy to the appellant.
- Keep a copy in the case file.

- Within 24 hours of receipt, send the original and the *Notice of Decision* to:

  DHS Appeals Section, 5th Fl
  1305 E Walnut Street
  Des Moines, Iowa 50319-0114

Attach a copy of the *Notice of Decision* or other notice of an adverse action that is being appealed. If no copy of the notice is attached, note why. Attach the postmarked envelope if the appeal was mailed to the local office.

Data

Top Section

Complete all the information, including phone number, if applicable. Check the programs under appeal.

A person requesting an attribution appeal may also request an administrative hearing. An administrative hearing is a review of the record only and does not include an appearance by the worker or client.

Indicate whether the appellant:

- Wants benefits to continue while the appeal is pending.
- Requests an interpreter for the appeal hearing.
- Wishes to have a pre-hearing conference to discuss the appeal. (Explain the purpose of a pre-hearing conference.)

Explain why the appellant is appealing. The explanation may be as specific as the appellant wishes to make it.

List any other persons whom the appellant wishes to have notified of the time and place of the hearing, with their addresses. This may include an attorney or representative.

The form should be signed and dated, if possible.

Worker Information

Complete the worker's name, number, telephone number, and local office name and the appellant's case number or state identification number.

Refer to the section of the manual that specifies when assistance continues in determining whether the appellant's assistance or services are continuing or being reinstated pending the outcome of the appeal. If assistance is not being continued or reinstated, check and note the reason why it is not.

Check the box and indicate if the appeal is based on a DDS report, an IFMC level-of-care decision, a FIP limited benefit plan, a Quality Control report, or a DIA investigation. Include the worker office location if the appeal concerns a PROMISE JOBS, Quality Control, or DIA Investigations action.

If you have a special scheduling request in the next three months (such as a compressed work week, vacation plans, or have training scheduled), list it on the line indicated.

Within ten days of the receipt of the appeal, forward a summary of all actions taken. The summary is a review of the facts about the situation and should include:

- Information on the household composition.
- The issue being appealed.
- A detailed explanation of actions taken that led to the appeal.
- Copies of all supporting documents, including applications, notices, any other applicable forms and narratives.
- Manual references on the actions taken.

Provide the appellant and appellant's representatives, if any, with copies of all materials submitted to the Appeals Section. Note on the materials sent to the Appeals Section that copies were sent and to whom.

Notify the Appeals Section if other agencies or staff are parties to the appeal.

Request for Withdrawal of Appeal, 470-0492 and 470-0492(S)

Purpose

Form 470-0492 is used to withdraw an appellant's request for an appeal and a hearing.

Source

Appellants may complete either the English or Spanish version of this form electronically at https://dhssecure.dhs.state.ia.us/forms/. The request will be submitted directly to the Appeals Section to be processed.

Department staff may complete the English version on line using the template in the public state-approved forms folder on Outlook. This form may also be printed from the on-line manual or photocopied from the paper sample.

Print supplies of the Spanish version of this form from the on-line manual.

Completion

The worker, the Appeals Section, or the appellant may prepare the form whenever an appellant indicates a wish to withdraw. However, it must be signed by the appellant or the appellant's representative.

Distribution

The original goes to the Appeals Section. One copy is retained in the case record. One copy goes to the appellant.

Data

The form contains:

- The appellant's name and address.
- The appeal number.
- The program being appealed.
- The date of the appeal.
- The appellant's comments, if any.
- The appellant's signature.
- The date the form was signed.

Iowa Department of Human Services

REQUEST FOR WITHDRAWAL OF APPEAL

Name		
Address		
City	State	Zip Code
Appeal No.		

Program: (✓)

- ☐ Family Investment Program (FIP), Refugee Cash Assistance (RCA) or PROMISE JOBS
- ☐ Child Care Assistance
- ☐ Food Assistance
- ☐ Medicaid or Waiver
- ☐ Attribution
- ☐ State Supplementary Assistance
- ☐ Child Support
- ☐ Adoption or Foster Care
- ☐ Other *(identify)*:

I voluntarily wish to withdraw my appeal and request for a hearing before the Iowa Department of Human Services.

My appeal was filed on or about _____ *(date)*.

Added comments, if any:

Date	Signature

Distribution: Copy 1: Appeals Section
Copy 2: Case File
Copy 3: Appellant

470-0492 (Rev. 3/07)

Iowa Department of Human Services

Request for Withdrawal of Appeal
(Solicitud de Retiro de Apelación)

Nombre		
Dirección		
Ciudad	Estado	Código postal
Número de Apelación:		

Program: (✓)

- ☐ Family Investment Program (Inversión familiar, FIP), Refugee Cash Assistance (Asistencia en efectivo para refugiados, RCA) o PROMISE JOBS
- ☐ Child Care Assistance (Asistencia de cuidado infantil)
- ☐ Food Assistance (Asistencia en alimentos)
- ☐ Medicaid o renuncia
- ☐ Atribución
- ☐ State Supplementary Assistance (Asistencia estatal complementaria)
- ☐ Child Support (Manutención de menores)
- ☐ Adopción o familia sustituta
- ☐ Otro (explicar):

Voluntariamente deseo retirar mi apelación y mi solicitud de audiencia ante el Iowa Department of Human Services.

Mi apelación se presentó el día o aproximadamente el _____ *(fecha).*

Comentarios adicionales si los hay:

Fecha	Firma

Distribución: Copia 1: Sección de apelaciones
Copia 2: Expediente del caso
Copia 3: Apelante

WORKER'S GUIDE TO THE APPEALS PROCESS

For more details, see DHS Employees' Manual I-E

STAGE 1: INTAKE

we make a difference.

Department of Human Services, Appeals Section
1305 E Walnut, Fifth Floor
Des Moines, IA 50319-0114

General Questions: (515) 281-8774
FAX #: (515) 281-4597

Appeal filed at county office → Worker mails appeal and *Notice of Decision* to Appeals Section within 24 hours → Worker mails summary and supporting documentation within 10 days → Appeals Section logs appeal and notifies appellant/ representative of receipt by letter → Appeals Section determines whether a hearing will be granted → If a hearing is granted, the *ENTIRE* appeal file is sent to DIA for scheduling

- Appeals are to be date-stamped on the front of the form by the receiving county office.
- If appeal was mailed in, attach the envelope to the request and send with appeal form.
- Part II of form is to be filled in completely by worker.
- Note on appeal form compressed work week, vacations, etc.
- Mail appeal immediately. ***Do not hold appeal until the summary is complete***.
- Summaries are to be completed within 10 calendar days after appeal is filed.
- If appeal is certified for hearing, mail your summary to DIA at the Lucas Bldg.
- If available, include appeal number on summary and correspondence.
- For recoupment appeals, make a copy of the 470-0464, mark 2 as Appeal Status, and forward to DIA Overpayment Recovery, 321 E 12th St, 3rd Floor.

INTENTIONAL PROGRAM VIOLATIONS (IPVs)

- When submitting an IPV referral, complete form 470-3035; BPA signature is required for processing.
- If there is more than one referral per household, EACH REFERRAL MUST BE SUBMITTED SEPARATELY!
- Attach copy of the 470-0464 to the referral; if no claim has been established, indicate why.
- IMRU workers: Be sure IM worker and worker number is listed on the Referral Form.

STAGE 2: HEARING

Department of Inspections & Appeals
Division of Administrative Hearings
321 E 12th St, Third Floor
Des Moines, IA 50319-0083

General Questions: (515) 281-6350
FAX #: (515) 281-4477

DIA informs parties of time, place, method of hearing, and assigns ALJ → Hearing is held, and ALJ issues a PROPOSED DECISION →  → *ENTIRE* appeal file is returned to DHS Appeals Section

- Remember, the ALJs are home-based; your summary may be faxed to DIA, but keep in mind it may not reach the ALJ before the hearing if it is faxed. Be sure to send your summary within 10 days of when appeal was filed.
- Copies of the summary and all documentation to be presented at the hearing must also be provided to the appellant and attorney or authorized representative before the hearing.
- If you need to have a hearing rescheduled, contact the ALJ, whose telephone number is listed on the *Notice of Hearing*.

STAGE 3: FINAL DECISION

we make a difference.

Department of Human Services, Appeals Section
1305 E Walnut, Fifth Floor
Des Moines, IA 50319-0114

General Questions: (515) 281-5346
FAX #: (515) 281-4597

The appellant or the Department may request review of the PROPOSED DECISION within 10 calendar days → If no review is requested, or is untimely, a FINAL DECISION is issued → Once a FINAL DECISION is issued, worker has 7 days to implement, if applicable

The Department review request must go through the Appeals Advisory Committee

Director decides if review will be granted

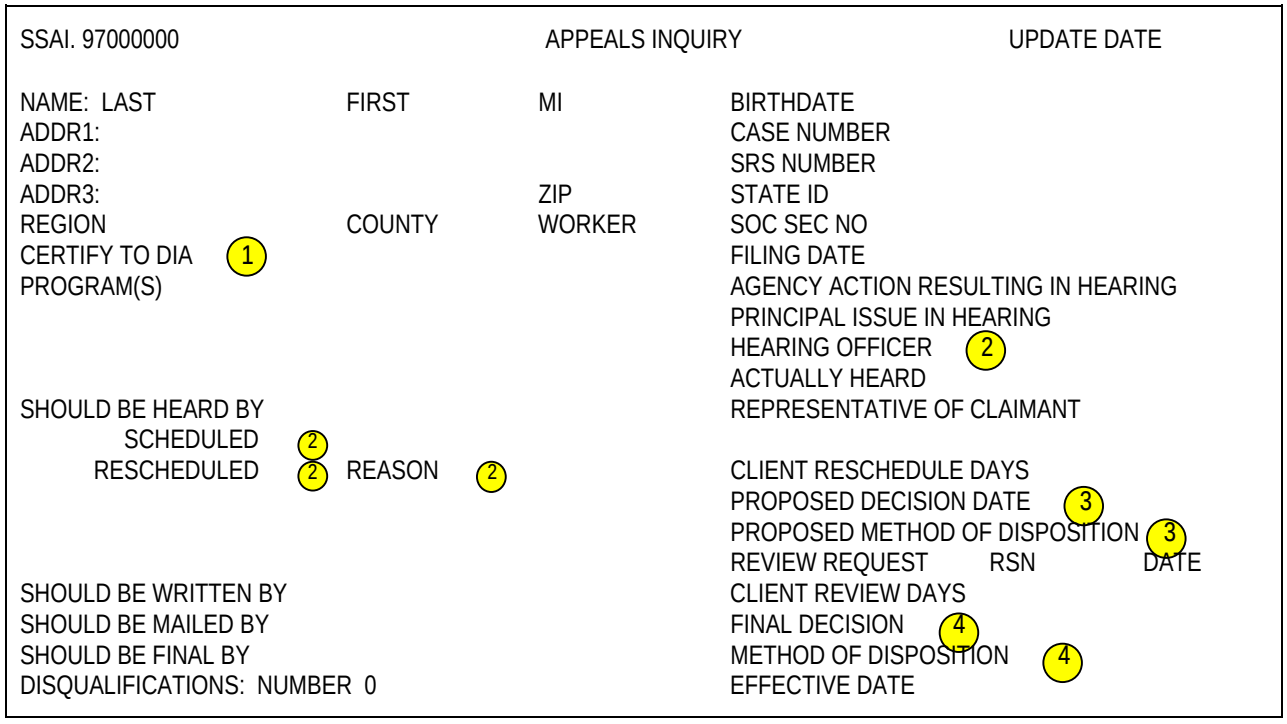
- If you believe the PROPOSED DECISION issued is incorrect, contact your supervisor immediately to request review through the Appeals Advisory Committee.
- If the appeal is regarding a recoupment, you must notify DIA Overpayment Recovery when the FINAL DECISION is issued, so that collection efforts can be continued, if applicable.

SEE BACK FOR STATUS INQUIRY INFORMATION!

STATUS INQUIRIES

Once you have received a copy of the letter acknowledging the receipt of the appeal, you can find out what the status is by looking up the appeal on the Appeals Inquiry Screen. To access this, log on to CICS. Then, from a blank screen, type SSAI, and then the appeal number.

EXAMPLE: SSAI.97000000



1. Look here to find out if an appeal has been forwarded (certified) to DIA.

2. Look here to find out if an appeal has been scheduled. If you have additional questions regarding scheduling, call 515-281-6350.

3. Look here to find out if a Proposed Decision has been issued.

4. Look here to find out if a Final Decision has been issued.

If, for some reason, you cannot access the Appeals Inquiry Screens, ask your supervisor for assistance.

Worker's Guide to the Appeals Process, RC-0038

Purpose	The RC-0038 is a desk aid that flowcharts the appeals process and lists instruction on viewing the Appeals Inquiry screen. Field staff can use this reference guide to help them become familiar with the appeals process and to determine the status of a specific appeal.
Source	This desk aid can be accessed through the public state-approved forms folder on Outlook.